# Nursing Administration in Russia

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Leak, A., Ivanov, L., & Brown, H. (2006). Nursing Administration in Russia. *The Journal of Nursing Administration*, 36(4), 177-180.



During graduate studies in a nursing administration program, an opportunity presented itself to travel to a rural Russian community of 10,000 to study the healthcare system. The Russian healthcare system has not changed much since the Soviet days. All healthcare facilities are government owned and all healthcare providers are government employees. Basic healthcare provided to citizens is paid for by the government.1,2 Fee-for-service physicians are available in larger cities but at costs that are prohibitive for most Russians. On average, nurses working at the clinics make 4,000 rubles a month, or approximately $148. Hospital nurses are paid more than those working in clinics and home health agencies. Physicians' salaries are only slightly higher than those of nurses, averaging $160 to 180 a month.

The structure of the healthcare system has been compared to the traditional Russian wooden nestling doll at the top level. The Ministry of Health is one of the national councils. All decisions regarding delivery of healthcare services are made at this level.3 The system is further divided into regions of decreasing size and population with hospitals and clinics servicing different levels in the regions. The most peripheral healthcare levels are neighborhood clinics servicing as few as 2,000 residents. Clinics in Russia are known as polyclinics; they can be housed as separate entities or within hospitals or centers specific to a population.

Under the Soviet system, nursing education spans for 2 years, starting after the 10th grade or 3 years starting after the 8th grade.4,5 There is only 1 level of nursing education. Nurses are not licensed but are certified every 5 years in order to practice. The nursing education system is regulated at the federal level. Any changes in curricula must be approved by the Federal Education Board and implemented as Russian Federation law, making change a lengthy proposition. Nursing education was expanded to 3 years after the 11th grade in 1991 when it became mandatory for all Russian students to complete the 11th grade. The third year was added to provide students with specialization in an area. However, no health education or health content is taught.

Typically, physicians teach nurses at medical education centers, medical academies, or colleges.4 The curriculum follows a medical model with course work in subjects such as ophthalmology, neurology, and gastroenterology. Minimal patient contact is included in nursing education because places of employment are considered to be nurses' practicum. Any patient contact that occurs is at the end of the course work, not integrated throughout the nursing program. Nursing education is provided free to residents and subsidized through a payroll tax. Nurses work in hospitals and polyclinics under the direction of physicians, performing basic tasks such as vital signs and passing out medications. According to a head nurse at the polyclinic, nurses must be recertified every 5 years in a specific work area to maintain their positions. Most nurses work 2 jobs to meet their financial needs, such as the hospital on weekends and the polyclinic during the week.

### *Role of the Hospital Nurse Administrator*

Administrative practices reflect the top-down structure of the healthcare system. For example, according to the director of nursing at the hospital we visited, the head administrator (a physician) and the director of nursing meet alone monthly to discuss problems and concerns about inpatient care and staff concerns. Interventions to deal with problems and concerns are then filtered through the next level of administration which is the head nurse of a unit. When difficulties occur on a unit, the administrative leaders encourage their staff to handle problems within the unit before bringing them to higher levels. If the problem remains unresolved, those affected are called in to discuss the problem with the head administrator and director of nursing. Performance evaluation by the director of nursing at the hospital is conducted on a monthly basis, rather than annually. If it is determined that nurses or ancillary employees are not performing their assigned duties as expected, they are dismissed without recourse. Bonuses are available for good job performance and can be given at any time.

The average raise is $33 and is performance based. Nurses who are performing well are also recognized with a certificate of appreciation and verbal praise, frequently at a special ceremony. Hospital employees do not have a shared governance model; however, open communication between administrators and employees is encouraged. Open meetings are held monthly where employees can voice their concerns.

### *Employee and Patient Satisfaction*

In the United States, several healthcare organizations use satisfaction surveys to measure employee and patient satisfaction. The Russian nurse administrators have some familiarity with satisfaction surveys. However, the hospital director of nursing said they did not have a written survey that is used to obtain this information. Patients are expected to verbalize their likes and dislikes related to treatment, personnel, and other services provided by the agency. If an employee is unsatisfied, the employee is encouraged to communicate their complaints to the head nurse. Although there is an understood system of communicating satisfaction and dissatisfaction with the appropriate persons, this is not practiced especially on the part of patients. They fear that they will lose services if they complain about their healthcare providers.

### *Role of the Hospital Nurse*

The rural hospital visited had 280 beds and 175 employees plus ancillary staff. The hospital had 5 main departments: surgery, cardiology, general medicine, gynecology, and pediatrics. A

rehabilitation unit was housed in a separate building. There were no labor and delivery units in the hospital; women deliver at maternity houses. There is 1 level of hospital nurses that could be equated to a registered nurse in the United States. Hospital nurses carried an average patient load of 50 to 60 with varying acuities. There are very few support staff to assist the nurse in the patient load. The nurses' roles included giving medications, taking vital signs, and assisting the physician. Other nurses specialized in hydrotherapy, facial massage therapy, and intravenous therapy. Tasks typically conducted by nurses in US hospitals such as physical assessments and health education are conducted by physicians. Nursing assistants at hospitals functioned like housekeeping personnel in the United States, completing tasks such as cleaning patients' rooms and providing patients with basic toiletries.

The nursing shortage is a reality not only in the United States but also in Russia. The hospital director of nursing stated, "there is a nursing shortage and we need four times as many nurses as we have employed. "She reported that patients' families were encouraged to stay with their hospitalized family members to assist the nursing staff in their care.

### *Role of the Polyclinic Nurse Administrator*

A polyclinic does not function as an independent entity according to the polyclinic head nurse. The administrator (a physician) and the head nurse meet weekly to discuss issues related directly to the daily work of the polyclinic. Any changes from the routine must be approved by the head administrator of the region, a physician housed at the rural hospital. Administrative positions at the polyclinic are appointed positions by the head administrator of the region.

The town in which we stayed and worked had a population of 10,000 and had 1 polyclinic. There was no hospital in the town; the closest hospital was 15 miles away. The polyclinic served not only the rural town but also 5 other rural towns, totaling a population of 11,112. The polyclinic employees included 18 physicians, 20 nurses, 5 medical records staff, and 8 sanitation workers. Specialties in the polyclinic were medical, orthopedics, pediatrics, gynecology, tuberculosis, narcology (alcohol and drug abuse), and dentistry. There were no laboratory facilities in the polyclinic, forcing residents needing laboratory work to either not have it done or have it drawn at the hospital 15 miles away.

The polyclinic served 35% to 50% of the population on a yearly basis. Hours of operation were Mondays to Fridays from 8 AM to 7 PM and Saturdays from 8 AM to 4 PM. Other than the few who received healthcare in neighboring towns, the remaining population did not receive healthcare on an annual basis. The polyclinic's administrators included a physician administrator and a head nurse. The nursing shortage is especially acute in the polyclinics. As a result, the head nurse was functioning as an administrator of nursing and as a physiotherapist. Similar to the United States, the head nurse's responsibilities at the polyclinic were complex, including mundane tasks due to the lack of nursing and auxiliary personnel. The tasks included organization of meetings for nurses and doctors, checking all instruments and medical equipment once a week for proper functioning, checking appropriate need for and use of medications, picking up medications from the pharmacy, keeping track of all polyclinic documents (which are hand written), making out the monthly work schedule for nurses and doctors, preparing and monitoring the budget, and purchasing new equipment. Nurses at the polyclinic have 28 vacation/sick days plus 14 additional days, for a total of 32 days off annually.

### *Roles of the Social Service Administrator*

A Center of Social Service for Elderly was visited. This center had a polyclinic that served the elderly population living in and attending the center. The administrator of Social Service for Elderly was not a nurse, but a social worker. The center offered 3 primary services: home health, in-house short-term residency care (up to 3 months), and daily activities and meals. Hot meals are provided 2 to 3 times a day, along with activities such as knitting, needlework, crafts, and singing. A sliding scale based on income was used to determine the cost of services. The center employed 140 persons that included 45 nurses, 25 social workers, plus ancillary staff such as a secretary, attorney, accountant, cooks, and janitors. The center's polyclinic had 1 nurse who worked Monday through Friday seeing elderly clients who came to the center with various complaints. Vital signs were taken, medications were checked, and patients were either reassured or sent to the town polyclinic or hospital.

The center also had a home healthcare agency that served the elderly residents unable to come to the center. An interdisciplinary approach to patient care was evident in the home health services provided. In addition, the concept of case management was practiced and was widely recognized as a means to ensure that patients were receiving appropriate care. For example, social workers and nurses make some home visits together and have open dialogue communicating the needs of the patients, thus ensuring continuity of care. Approximately 300 patients were visited by both nurses and social workers 1 to 2 times per week.

The nurses' main functions during a home visit were to monitor the patient's blood pressure, review medications, and assess the patient's medical needs. The social worker performs routine psychosocial assessments and provides necessary resources during the visit. Professional staff turnover was not a problem. Over 50% of the center's nurses had worked more than 5 years. The main reasons for changing jobs were serious employee illness, death, or promotion to a higher paying position.

The top-down healthcare system is also evident at the center. The administrator makes all decisions related to the center, including functioning of the home healthcare agency. The administrator meets with the head nurse of the home healthcare component of the center and the polyclinic. Major decisions were made by the administrator.

### *Summary*

There are similarities and differences in nurse administrators' roles in Russia and the United States. Nurse administrators in hospitals and polyclinics in Russia are responsible for day-to-day operations, whereas in the US, these are left to other healthcare providers. For example, supplies are ordered by a Unit Manager in the US rather than a nurse administrator as in Russia. Healthcare administration practices in the US and Russia include the planning, organizing, staffing, directing, and controlling of staff members and other administrative- related work. Differences in staff evaluation are evident as are the allocation of raises and bonuses. In addition, patient satisfaction surveys that are used extensively in the US to improve patient care are lacking in Russia. Despite the differences, one global problem exists both in Russia and the US, the nursing shortage. Our experiences in Russia left me with a greater appreciation for the varied

ways nurse administrators in Russia are able to meet the healthcare needs of the population with limited resources.

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